

TAPA

Texas Association of Psychological Associates

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Secretary
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RE: Interim Charge #3 Review behavioral health capacity in the state, with a focus on suicide prevention efforts and the provision of behavioral health care services to individuals with intellectual and developmental disabilities. Review suicide prevention programs and initiatives across state agencies, evaluate their effectiveness, and identify opportunities for greater coordination. Identify gaps in the continuum of care for individuals with disabilities and challenges for those providing care to them. Additionally, identify any existing administrative and licensing barriers that negatively affect overall behavioral health capacity in the state.

Chairwoman Thompson,

Thank you for the opportunity to address the provision of behavioral health care services, these are trying times for the state and we appreciate your leadership in ensuring the State's mental and behavioral health needs are being effectively met.

My name is Betty Dawson and I represent the Texas Association of Psychological Associates (TAPA). Licensed Psychological Associates (LPAs) are master's level mental health professionals who reside throughout the state and provide needed behavioral health services in some of the most underserved parts of Texas and to underserved populations.

I would like to bring to the attention of your committee members - a needed clean up due to a change in agency rulemaking. Historically, LPAs were required to be directly supervised by a Doctorate in Psychology. This protectionist requirement was removed by the members of the legislature about fifteen years ago but was maintained through agency rulemaking at the Texas State Board of Examiners of Psychologists (TSBEP). LPAs fought hard to amend the supervisory rule and were able to work with TSBEP to pass a new supervisory standard that allows for limited independent practice.

The new standard for independent practice continues to protect the public's health and requires an LPA to receive 3000 hours of supervised practice and receive 60 credit hours towards their degree before being eligible to practice independently. This is a fair and equitable standard that realizes the value LPAs have in addressing the behavioral health needs of the state. The adopted rule **did not** change the scope of practice or core competencies for LPAs. We are quite content with the services we can provide currently and enjoy working with our colleagues in the Psychology profession.

However, as usually happens, agency rulemaking can outpace the response from other agencies. In the HHSC Medicaid Provider Handbook it states:

LPAs must be licensed by TSBEP. LPAs are expected to abide by their scope and standards of practice.

Services performed by an LPA are a Medicaid-covered benefit when the following conditions are met:

•The services must be performed under the required supervision of a licensed, Medicaid-enrolled psychologist.

•The supervising psychologist must be in the same office, building, or facility when the service is provided and must be immediately available to furnish assistance and direction.

•The LPA performing the service must be an employee of either the licensed psychologist or the legal entity that employs the licensed psychologist.

Psychological services provided by an LPA must be billed under the supervising psychologist's Medicaid identifier or the Medicaid identifier of the legal entity employing the supervising psychologist.

These restrictions make it impossible for Licensed Psychologists to provide services under Medicaid where there is no supervising psychologist which is the case in many rural parts of the state, or even in a satellite office of a group practice. In some parts of Texas clients must travel long distances for needed services. It is of no benefit to clients to unnecessarily cluster providers in a single office.

Because some LPAs are currently able to practice independently, free of supervision, it is possible that these LPAs would be unable to be reimbursed for services provided through Medicaid due to this now outdated restriction. For the State to fulfill its behavioral health capacity, LPAs who practice independently need to be reimbursed through Medicaid.

By working with HHSC to update their prohibition, the Legislature could ensure that the most vulnerable of Texans can continue to see the behavioral health professional of their choice. The ability of LPAs to be reimbursed through Medicaid will have nothing but a positive impact to alleviate the ever increasing demand for mental and behavioral health services.

Thank you for the opportunity to provide feedback on an important, yet overlooked, change that needs to be made. As COVID-19 continues to place a strain on everybody, the mental health needs of Texans will continue to grow. TAPA thanks you and your committee for their leadership in addressing the ever changing environment of our state's mental health.

Sincerely,

Betty Dawson, MA, Licensed Psychological Associate
Secretary
Texas Association of Psychological Associates